

Your Guide to
Alabama
Medicaid



Welcome to Medicaid!

Please read this handbook --

- ◆ It tells you about the medical services that Medicaid covers.
- ◆ It tells you about the medical services that Medicaid does not cover.
- ◆ It also tells you what your rights and duties are when you have Medicaid.

Alabama Medicaid Agency
1-800-362-1504

TDD: 1-800-253-0799
(TDD is a special device for the hearing impaired)

All information in this booklet is general and may change. To make sure you get the latest information, call the Alabama Medicaid Agency.

All Medicaid services are made available in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Complaints concerning these matters should be directed to the Civil Rights Coordinator, Alabama Medicaid Agency.

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Call and Get the Help You Need

For help, call **1-800-362-1504**


between 8 a.m. and 4 p.m., Monday through Friday.

This is a free call.

First:

-  For help in English – press **1** or say “English.”
-  For help in Spanish – press **2** or say “Spanish.”

Next:

-  Pick the kind of help you need – press **1** or say “Medicaid”

Remember

The fastest way to get to the person who can help you the best is to listen carefully and make the **right** choice.

Then Pick

If you want to ▼	Press ▼	or Say ▼
Change your Patient 1 st doctor or to replace a Medicaid card	1	one
Ask about Medicaid for pregnant women, children under age 19 or low income families	2	two
Get help with a ride to the doctor or other medical appointments	3	three
See if a medical bill has been paid	4	four

Call and Get the Help You Need

If you want to ▼	Press ▼	or Say ▼
Find out what services you can get	5	Five
Find out if you can get Medicaid or call your local Medicaid office	6	Six
Get a Medicaid application	7	Seven
Hear recorded answers to common Medicaid questions	9	Nine
Help from customer service	0	Zero

If you need to hear the choices again, press the * key

When you call be sure you have:

- **Medicaid number** or **Social Security number.**
- **Date of Birth.**

This will get you help more quickly.

How to enter you birth date:

For example, if your birthday is January 2, 1974,
you would **press 01** then **02** then **1974**.

To say the same birth date, you would **say**

“zero – one; zero – two; one – nine – seven – four.”

**Remember: If you say the numbers, you must say
“zero” and not “oh.”**

Who provides Medicaid services?

Health care providers give Medicaid services. These providers include: doctors, dentists, optometrists,



hospitals, drug stores, nursing homes, labs, rural health clinics, community health centers, health care centers for the homeless, federally qualified

health centers, ambulatory surgical centers, nurse practitioners and physician assistants.

Be sure to ask any health care provider you plan to go to, if he or she will take your Medicaid **before** any medical service is given. Some health care providers may not take Medicaid.

Some health care providers outside of the Patient 1st Program can choose to take Medicaid for one person, but not another. See page 16 for Patient 1st information.

Receiving medical services:

In order for Medicaid to pay for your medical services:

- You must be covered by Medicaid at the time you get your medical service,
- You must be getting a medical service that is covered by Medicaid, and
- You must not have used up all of your covered services. **If you have used up all of your covered services, Medicaid will not pay for extra medical services.**

As a Medicaid recipient you may be asked to pay a small part of the cost of some medical services you get. This is called a copayment. Medicaid will pay the rest. You will pay this copayment to the doctor, clinic or other provider. See page 14 for the copayment amounts.



Medical services covered by Medicaid:

Medicaid covers (pays for):

Ambulance Services: Please look at the Transportation section, page 12.

Dental Services (for children under 21 years of age):

Medicaid pays for a checkup and teeth cleaning every six months. Medicaid pays for some crowns, extractions (pulling teeth), fillings, root canals, TMJ surgery and x-rays. Some services must be approved by Medicaid ahead of time.

Doctor Services: Medicaid pays for 14 doctor visits per calendar year. These include visits to the doctor's office, emergency room (unless it is a certified emergency), health care clinics and centers.

Medicaid also pays for 16 days of doctor's care when you are in a hospital.

Eye Care Services (for adults): Medicaid pays for eye exams and eyeglasses once every two calendar years for recipients 21 years of age or older. Contact lenses may be provided only under certain conditions and when approved ahead of time.

Medical services covered: (continued)

Eye Care Services (for children under 21 years of age): Medicaid pays for eye examinations and glasses once every calendar year. Additional covered services may be available if medically necessary.

Family Planning Services: Family planning services are available to women of childbearing age and men of any age. Birth control methods covered by Medicaid include birth control pills, IUDs, diaphragms, shots, and implants.



Medicaid pays for women 21 years of age and older to have their tubes tied and vasectomies for men 21 years of age and older. Consent forms must be signed at least 30 days before the surgery. Contact your doctor, nurse midwife, county health department or family planning clinic for this surgery.

NOTE: Family planning services do not count against regular doctor's office visits.

Preventive Health Education Services: Medicaid pays for classes on preparing for childbirth and preventing teenage pregnancy. Hospitals, county health departments, and other groups offer these classes.

Hearing Services (for children under 21 years of age): Medicaid pays for one hearing screening every calendar year beginning at 5 years of age and for hearing aids. Additional covered services may be available if medically necessary.

Home Health Services: Medicaid provides for certain medical services in your home if you have an illness, disability, or injury that keeps you from leaving home without special equipment or the help of another person. Services can be part-time or off and on during a certain span of time. (These services may keep you from needing hospital or nursing home care.) Certain medical supplies, equipment, and appliances which can be used in the home are also covered with some limits.



Hospice Services: Medicaid pays for hospice care for terminally ill persons. There is no limit on hospice days. Covered hospice services include nursing care, medical social services, doctors' services, short-term inpatient hospital care, medical appliances and supplies, medicines, home health aide and homemaker services, therapies, counseling services, and nursing home room and board.

Hospital Services: Medicaid covers inpatient care and outpatient services.

1. Inpatient Hospital Care - Medicaid pays for 16 inpatient hospital days per calendar year. Coverage is for a semiprivate hospital room (2 or more beds in a room). If you ask for a private room, you must pay the difference in the cost.

In certain hospitals, nursing home care services are provided to Medicaid patients who are waiting to go

Medical services covered: (continued)



into a nursing home. This is called **Post Hospital Extended Care (PEC)**.

2. Outpatient Care -

Medicaid pays for three non-emergency outpatient hospital visits per calendar year. Examples of non-emergencies include upset stomach, sore throat, mild cough, rash and low-grade fever. (See the Patient 1st Guide if you are in the Patient 1st Program.) Always talk to your regular doctor before visiting the hospital for outpatient care.

There are no limits on outpatient hospital visits if you go in for lab work, x-ray services, radiation treatment, or chemotherapy only.

Medicaid pays for 3 **outpatient** surgical procedures per calendar year if the surgeries are done in a place called an **Ambulatory Surgical Center**.

Medicaid also pays for emergency outpatient services when there is a certified emergency. A “**certified emergency**” is when you have a serious health problem that you reasonably believe could cause serious damage to your health or your body **if you do not get medical care right away**.

NOTE: A non-certified outpatient emergency room visit **counts** as **1 doctor visit** and **1 outpatient visit**. If you are in the Patient 1st Program, a referral is needed from your personal doctor. See page 16.

3. Psychiatric Hospital Services - Medicaid pays for medically necessary services in a psychiatric hospital for children under 21 years of age if approved by Medicaid ahead of time.

Laboratory and X-Ray Services: Medicaid pays for laboratory and x-ray services when they are medically necessary.

Maternity Services: Medicaid pays for prenatal (before the baby is born) care, delivery and postpartum (after the baby is born) care.

Medicaid also pays for prenatal vitamins. See page 17 for more information about the **Maternity Care Program**.



Mental Health Services: Medicaid pays for treatment of people diagnosed with mental illness or substance abuse. The treatment is provided through community mental health centers for eligible children and adults, and through the Department of Human Resources (DHR) and the Department of Youth Services (DYS) for children under 21 years of age being served by DHR and DYS.

NOTE: The services received from a mental health center **do not** count against regular doctor's office visits or other Medicaid covered services.

Nurse Midwife Services: Medicaid covers nurse midwife services for maternity care, delivery, routine gynecology services, and family planning services.

Medical services covered: (continued)

Nursing Home Care Services: Medicaid pays for nursing home room and board, medicines prescribed by your doctor and 14 visits from your doctor per calendar year while you are in a nursing home.



In certain hospitals, nursing home care services are provided to Medicaid patients who are waiting to go into a nursing home, if they meet the guidelines for nursing home care. This is called **Post Hospital Extended Care (PEC)**.

Medicaid also pays for long term care for mentally retarded persons.

Out-of-State Services: Services that Medicaid covers in Alabama may be covered out-of-state **if:**

- you have a certified emergency,
- it would be hazardous to have you travel back to Alabama for treatment,
- the medical services needed are more readily available in the other state, or
- an out-of-state medical provider has a contract with Medicaid in Alabama.

NOTE: The medical provider must agree to enroll as a provider with the Alabama Medicaid Agency. Some services must be approved before the service can be given by an out-of-state provider.

Prescription Drugs: Medicaid pays for most medicines ordered by your doctor. Many over-the-counter drugs are also paid for. There are some drugs that must be approved by Medicaid ahead of time. Your doctor or pharmacist can tell you which drugs Medicaid pays for. For most recipients Medicaid only pays for four (4) brand name drugs each month. Generic drugs are not limited.



Renal Dialysis Services: Medicaid pays for 156 outpatient dialysis treatments per calendar year for recipients with kidney failure. Medicaid also pays for certain drugs and supplies.

Transplant Services: Medicaid pays for some organ transplants. If a transplant is needed, the recipient's doctor will work directly with Medicaid to arrange for the transplant.

Home and Community Based Waivers:

Medicaid pays for services for certain disabled clients who prefer to stay in their home rather than be admitted to a nursing home. To find out more about these waivers contact the following:

- **Elderly and Disabled Waiver**

Contact your county Public Health Department or local Area Agency on Aging at 1-800-243-5463.

- **Living at Home Waiver**

Contact your local mental health agency.

- **Waiver for the Mentally Retarded**

Contact your local mental health agency.

Medical services covered: (continued)

- **HIV/AIDS Waiver**

Contact your county Public Health Department

- **State of Alabama Independent Living Waiver**

Contact the Alabama Department of Rehabilitation Services.

- **Technology Assisted Waiver**

Contact Medicaid at 1-800-362-1504 and select option 6.

Transportation:

1. Ambulance Services - Medicaid pays for ambulance services only when medically necessary. (Medical



necessity is determined by a set of guidelines and is related to the condition of the patient at the time of transport.)

Medicaid will not pay for an ambulance service if another

means of transportation can be used without harming the health of the patient.

2. Non-Emergency Services - The Medicaid Non-Emergency Transportation Program is set up to help cover the cost of transportation to and from medically necessary appointments **if** Medicaid recipients have no other way to get to their appointments without obvious hardship. Medicaid issues vouchers for these medically necessary appointments. These vouchers should be approved by Medicaid ahead of time.

To find out more about obtaining a voucher for a ride to your medical appointment, call 1-800-362-1504 and then press 3 for a ride to a medical doctor or other medical appointment. The call is free.

Medical services NOT covered by Medicaid:

Below is a partial listing of some goods and services that are not covered by Medicaid in Alabama.

Medicaid will NOT pay for:

- Cosmetic surgery or procedures.
- Dental services for adults (age 21 and older)
- Dental services for pregnant women who are eligible for pregnancy-related services only.
- Dental services, such as routine orthodontic care (braces), routine partials, dentures or bridgework, gold caps or crowns, or periodontal or gum surgery.
- Hearing services for adults (age 21 and older).
- Hospital meal trays or cots for guests.
- TV rentals and VCRs in hospital rooms.
- Infertility services or treatment.
- Prosthetic devices, such as artificial limbs, dentures, corrective shoes, etc. for adults (age 21 and older).
- Recreational therapy or experimental treatments, supplies, equipment or drugs.
- Respiratory therapy, speech therapy, and occupational therapy (age 21 and older).
- Services or treatment if a person is not eligible for Medicaid.
- Services to persons who are in jail or in prison.

- Sitter services.
- Any service not covered under the State Plan for Medical Assistance.

Copayments for Medicaid services:

You may be asked to pay a small part of the cost (copayment) of some medical services you receive. Medicaid will pay the rest. Providers cannot charge any additional amount other than the copayment for Medicaid covered services.

Copayments for Medicaid covered services are in the amounts shown below:

Services with Copayments	Copayment Amounts
Doctor visits	\$1 per visit
Visits to health care centers	\$1 per visit
Visits to rural health clinics	\$1 per visit
Inpatient hospital	\$50 each time you are admitted
Outpatient hospital	\$3 per visit
Prescription drugs	50 cents to \$3 per prescription
Medical equipment	\$3 per item
Supplies and appliances	50 cents to \$1 for each item
Ambulatory surgical centers	\$3 per visit

You do not have to pay a copayment if you are a Medicaid recipient who is:

- In a nursing home,
- Under 18 years of age,
- Pregnant, or
- Receiving family planning services.

The following services DO NOT require a copayment:

- Birth control (family planning) services,
- Case management services,
- Chemotherapy,
- Dental services for children under 21 years of age,
- Doctor fees if surgery was done in the doctor's office,
- Doctor visits if you are in a hospital or nursing home,
- Emergencies,
- Home and community services for the mentally retarded, the elderly and the physically disabled,
- Home health care services,
- Mental health and substance abuse treatment services,
- Preventive health education services,
- Physical therapy in a hospital outpatient setting,
- Radiation treatments, or
- Renal dialysis treatments.

Special Medicaid programs:

Patient 1st

All Alabama counties are in the **Patient 1st** Program.



If you are in the Patient 1st Program, you will pick a personal doctor and go to that doctor each time you need care. Your personal doctor will refer you to other doctors if needed and will

take care of getting you into a hospital if you need to go. Medicaid will pay for care only if you go through your personal doctor first. The purpose of the Patient 1st program is to be sure recipients get the health care they need. You will also receive a booklet, “Your Guide to Patient 1st,” that tells you what to expect from the program.

You are not part of Patient 1st if you are:

- a Medicaid recipient who is also on Medicare,
- a foster child,
- locked-in to one doctor and one drug store,
- adult women receiving limited SOBRA benefits
- covered by managed care insurance through your job or a family member’s job, or
- in an institution, such as a nursing home.

To change your Patient 1st doctor, call 1-800-362-1504 and select option 1. The call is free.

Maternity Care Program

If you are on Medicaid you must get your prenatal and delivery care from the Maternity Care Program in your district. All programs provide prenatal (before the baby is born) care, delivery and postpartum (after the baby is born) care. You have a choice of participating health care providers and hospitals in this program.



The following is a list of the districts and the counties served. Call the phone number for your maternity care as soon as you know you are pregnant. The call is free:

District 1: If you live in any of these counties: Colbert, Franklin, Lauderdale or Marion, call 1-888-500-7343.

District 2: If you live in any of these counties: Jackson, Lawrence, Limestone, Madison, Marshall or Morgan, call 1-888-500-7343.

District 3: If you live in any of these counties: Calhoun, Cherokee, Cleburne, DeKalb, or Etowah, call 1-888-490-0131.

District 4: If you live in any of these counties: Bibb, Fayette, Lamar, Pickens or Tuscaloosa, call 1-877-553-4485.

District 5: If you live in any of these counties: Blount, Chilton, Cullman, Jefferson, St. Clair, Shelby, Walker or Winston, call 1-877-997-8377.

District 6: If you live in any of these counties:
Clay, Coosa, Randolph, Talladega or Tallapoosa,
call 1-877-826-2229.

District 7: If you live in any of these counties: Greene
or Hale, call 1-877-553-4485.

District 8: If you live in any of these counties: Choctaw,
Marengo or Sumter, call 1-888-531-6262.

District 9: If you live in any of these counties: Dallas,
Perry or Wilcox, call 1-877-553-4485.

District 10: If you live in any of these counties:
Autauga, Bullock, Butler, Crenshaw, Elmore,
Lowndes, Montgomery or Pike, call 1-877-826-2229.

District 11: If you live in any of these counties:
Barbour, Chambers, Lee, Macon or Russell,
call 1-877-503-2259.

District 12: If you live in any of these counties:
Baldwin, Clarke, Conecuh, Covington, Escambia,
Monroe or Washington, call 1-877-826-2229.

District 13: If you live in any of these counties: Coffee,
Dale, Geneva, Henry or Houston, call 1-800-735-4998.

District 14: If you live in Mobile County, call
1-251-415-8585.

*Pregnant women who are not U.S. citizens and do not have a
green card or application for citizenship should call 334-242-1722.

Special Medicaid programs: (continued)

Well Child Checkup Program

(Also known as the EPSDT Screening Program)

The Well Child Checkup (screening) Program is for all Medicaid eligible children under 21 years of age, **except** those who receive pregnancy-related or family planning services only. This screening program provides for well child checkups so any disease or physical problem can be detected early and the child can receive needed treatment.

If the doctor finds a medical problem during a screening, the child can be referred for extra doctor visits and may qualify for medically necessary private duty nursing, physical therapy, speech therapy, occupational therapy, medical equipment and supplies, and also personal care services.



Well child checkups (screenings) may be done up to 6 times before a child reaches 12 months of age, 3 more times by age 24 months, and once every year starting on the child's third birthday.

Children on Medicaid are limited to 14 doctor visits each calendar year. However, not all visits are well child screenings. The well child screenings and extra visits that might result from the screenings do not count against the 14-visit limit.

Special Medicaid programs: (continued)

Partnership Hospital Program (PHP)

Medicaid has a program in Alabama called the **Partnership Hospital Program (PHP)**. This program was set up to make sure all people who have Medicaid get good hospital care when they need it and to make sure Medicaid has the money to pay for hospital care needed by Medicaid patients. You do not have to do anything different for this program.

Plan First Program

Medicaid has a program in Alabama called the Plan First Program. This program provides family planning services only for eligible women who are 19 to 44 years of age. These eligible women do not receive full Medicaid benefits. **Plan First does not pay for any other medical services.**

If you would like to enroll or have questions about the Plan First Program, call 1-888-737-2083. The call is free.

Alabama Medicaid Breast and Cervical Cancer Treatment Program

Women under age 65 who have been diagnosed with breast or cervical cancer through a federal screening program may qualify for coverage of their treatment and other medically necessary services while they are eligible. The patient must be an Alabama resident and a U.S. citizen who does NOT have credible insurance that covers breast or cervical cancer treatment. The contact number is 1-877-252-3324.

If you have other health insurance:

Medicaid recipients may have other health insurance coverage in addition to Medicaid. Other health insurance might include hospital, cancer, accident, medical, indemnity, or other insurance that pays as a result of an accident or for medical care. Having extra insurance will not harm your Medicaid coverage as long as you qualify for Medicaid. You must, however, use the doctors, hospitals, and drug stores approved by your insurance company. If you are in Patient 1st, make sure your insurance doctor also is a Patient 1st doctor.



You must also meet all the rules of your insurance plan such as getting referrals from doctors, being approved to stay in the hospital, or being approved to have surgery and medical tests. Be sure to tell your health care provider about your insurance. The provider can file your insurance and then file with Medicaid for what your insurance does not pay.

[You must assign all your insurance or other medical support benefits to the state in order to be eligible for Medicaid.](#) Any insurance benefits, court-awarded benefits, out-of-court settlements, or money that is paid to you as a result of medical care you receive or because of an injury, is to be paid directly to the health care provider or to the state. You may keep any money left over after your Medicaid expenses are

If you have other health insurance: (continued)

paid. **NOTE:** In some cases, having extra money may affect your Medicaid eligibility.

If you or one of your dependents is covered by health



insurance when you apply for, or are recertified for any Medicaid program, you should give the insurance information to the worker who certifies you for Medicaid.

Medicaid recipients who have a chronic medical condition and who lose their group insurance because of a job loss may qualify for Medicaid to pay their insurance premiums. To find out, call 1-800-362-1504 and choose option 4. Then ask to speak to someone in the Third Party Division about the **Health Insurance Payment Program (HIPP)**.

If you take out insurance or drop any insurance while you are on Medicaid, tell the Third Party Division of the Alabama Medicaid Agency, P. O. Box 5624, Montgomery, AL 36103-5624. Call 1-800-362-1504 and choose option 4. Then ask to speak to someone in the Third Party Division.

Noncustodial parents of children on Medicaid may be required to provide health insurance for the child or children. Ask for more information through your county Department of Human Resources (DHR) office.

When you are on Medicaid you have rights:

Medicaid is a voluntary program. This means that you agree to be a part of Medicaid and to follow Medicaid's rules. This also means you have the following rights when you are on Medicaid.

You have the right:

- To be able to get in touch with your doctor.
- To go to any doctor or clinic for birth control (family planning).
- To get care right away if you have a certified emergency.
- To be told what your illness or medical problem is and what the doctor thinks is the best way to treat it.
- To decide about your health care and to give your permission before the start of treatment or surgery.
- To have the personal information in your medical records kept private.
- To be treated with respect, dignity and privacy.
- To report to Medicaid any complaint or grievance about your doctor or your medical care.
- To request a fair hearing if the Medicaid Agency reduces or denies services based on medical criteria. Your written request must be received by Medicaid within 60 days following the notice of action that a covered service has been reduced or denied. Requests should be mailed to Alabama Medicaid Agency, 501 Dexter Avenue P.O. Box 5624, Montgomery, Alabama 36103-5624.



When you are on Medicaid you have duties:

Medicaid is a voluntary program. This means that you agree to be a part of Medicaid and to follow Medicaid's rules. This also means you have the following duties when you are on Medicaid.

You have the duty:

- To follow the rules for Medicaid.
- To call your doctor first before going to the emergency room, unless it is life threatening, or if you go to other doctors or clinics.
- To give as many facts as you can to help your doctor or other health care provider take care of you. For example, it is important to tell your doctor about all the medicines you take. (You may want to take all your medicine bottles with you to the doctor.)
- To call your doctor or clinic and let them know if you cannot come to an appointment.
- To follow the instructions you get from your doctor or clinic.
- To ask questions about things you do not understand.
- To follow the rules set up by your personal doctor for his or her office.
- To tell your doctor or clinic about any insurance you have.
- To keep your Medicaid card in a safe place. Never let anyone else use your card.
- To tell Medicaid about any changes that might affect your coverage such as address, marital status, income or insurance coverage. A relative should report the date of death of a Medicaid client.

Some rules your doctor might have:

- 1) Treat others with respect and courtesy. This means showing respect to the doctor, employees, and other patients and their families. This also means you are to answer questions with courtesy, follow directions and otherwise do what is asked of you.
- 2) Do not bring food or drink into the office.
- 3) Bring no more than one visitor with you to wait in the office.
- 4) Pay for any services not covered by Medicaid.
- 5) Call if you cannot keep an appointment.



Your doctor has the right to ask you to follow the rules for the office or clinic.

This also applies to any visitors or relatives who come with you or your child. If you (or others with you) do not follow the rules, your doctor has the right to ask that you (or your child) go to another doctor. If you continue to not follow the rules, you may not be able to find a doctor who will see you (or your child). **This may cause you to have to pay for your medical care.**

Acting rude, mean or threatening to the doctor or to a person who works for the doctor, may result in your losing your Medicaid. This includes fighting, using profanity or other abusive words, carrying a weapon or being under the influence of drugs or alcohol.

Fraud and abuse of the Medicaid program:

Federal rules require that Medicaid make every effort to identify and prevent fraud, abuse, or misuse of the Medicaid program. All cases of suspected fraud, abuse, or misuse are fully investigated by the Alabama Medicaid Agency and sent to appropriate law enforcement authorities.

Alabama law requires that a Medicaid recipient who has defrauded, abused, or deliberately misused the Medicaid program shall lose their Medicaid immediately for at least one year, and until any money owed to the program is repaid in full. Cases of fraud may result in additional legal action as well.

Federal and state laws make it a crime to knowingly give false information in order to get Medicaid benefits. **Selling, changing, or lending a Medicaid card is against the law and Medicaid will prosecute anyone who violates Medicaid laws.**

Use of the Medicaid card for anything other than necessary medical care covered by the program is abuse or misuse and will result in loss or restriction of Medicaid benefits.

To report Medicaid fraud, call 1-866-452-4930

Examples of fraud, abuse or misuse

The types of problems the Medicaid Agency will investigate include, but are not limited to:

1. Frequent visits to doctors or emergency rooms with general complaints,
2. Using too much or unnecessary pain medicine or nerve medicine,
3. Not cooperating with Medicaid in identifying and collecting from insurance, lawsuits, and other “third parties” for services that Medicaid paid for,
4. Not paying money owed to the Medicaid Agency,
5. Repeated failure to keep your Medicaid card safe,
6. Changing your prescription, or
7. Letting someone else use your Medicaid card.

People who use their Medicaid benefits too much may be restricted to using only one doctor and one drug store. Medicaid may also restrict its payment for certain drugs.

If you think another Medicaid recipient or a Medicaid provider may be abusing or defrauding the program, please report it to the Alabama Medicaid Agency.

The toll-free number for reporting fraud or abuse is 1-866-452-4930. You do not have to give your name or pay for the call.

Notice of Privacy Practices

Effective April 14, 2003

FOR YOUR PROTECTION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Medicaid promises to keep your information private.

Your health information is personal. However, there are times when Medicaid must share information with others to help you get the health care you need. When this must be done, Medicaid promises to follow the law so that your information is kept private. This notice tells you how Medicaid uses and shares information about you and what your rights are under the law. It tells the rules Medicaid must follow when using or sharing your information.

Understanding what information may be shared.

There are many good reasons for your information to be shared. If you apply for Medicaid through another agency (such as the Department of Human Resources or the Social Security Administration), that agency must send information about you to Medicaid. Information that may be sent to us includes your name, address, birth date, phone number, Social Security number, health insurance policies and health information. When your health care providers send claims to Medicaid for payment, the claims must include your diagnosis and the medical treatments you received. In order for Medicaid to pay for some medical treatments, your health care providers must also send extra medical information such as doctor's statements, x-rays, or lab test results.

How Medicaid uses and shares health care information.

Medicaid contracts with others outside of the agency for some services. For example, Medicaid contracts with a company to process the claims sent in by your health care provider. Medicaid may need to share some or all of your information with that company so your health care bills can be paid. When this is done, Medicaid requires that company to follow the law and keep all of your information safe.

Here are the ways Medicaid uses and shares your health information. For each category, we will say what we mean and give an example.

For Payment: Medicaid may use and share information about you so that it can pay for your health services. For example, when you get a Medicaid service, your provider asks Medicaid to pay for that service by filing a claim. On the claim form, your provider must identify you and say what your diagnoses and treatments are.

For Medical Treatment: Medicaid may use or share information about you to make sure that you get needed medical treatment or services. For example, your Patient 1st doctor may receive information about you from Medicaid.

To Run the Medicaid Program: Medicaid may use or share information about you to run the Medicaid program. For example, Medicaid may contract with a company that looks at hospital records to check on the quality of care given to you and the outcome of your care.

To Other Government Agencies Who Provide Benefits or Services To You: Medicaid may share information about you to other government agencies that are giving you benefits or services. For example, Medicaid may give the state Department of Public Health information so you can qualify for benefits or services.

Notice of privacy practices: (continued)

To Keep You Informed: Medicaid may use your information to send you materials to help you live a healthy life. For example, Medicaid may send you a brochure about an illness or condition you have or about your managed care choices.

To Check On Health Care Providers: Medicaid may share information about you to the government agencies that license and inspect medical facilities. An example is the Alabama Department of Public Health who inspects nursing homes.

For Research: Medicaid may share information about you for a research project. A review board must approve any research project and its rules to make sure your information is kept private.

As Required by Law: When requested, Medicaid will share information about you with the U.S. Department of Health and Human Services.

Your Health Information

You have the following rights about the health information that Medicaid has about you:

- You have the right to see and get a copy of your health information with certain exceptions.
- You have the right to ask Medicaid to change health information that is incorrect or incomplete. Medicaid may deny your request in some cases.
- You have the right to ask what items and who Medicaid has shared your health information with after April 14, 2003.
- You have the right to ask that certain uses or disclosures of your health information be restricted. Medicaid is not legally required to agree with your request, but will agree if possible.

- You have the right to ask that Medicaid talk with you about your health in a way or at a place that will help you keep your health information private.
- You have the right to get a copy of this notice. You may ask Medicaid to give you a copy, or print one from Medicaid's web site, **www.medicaid.state.al.us**

Medicaid's Requirements

Medicaid is required by law to:

- Keep your information private.
- Give you this notice that tells the rules Medicaid must follow when using or sharing your information with others.
- Follow the terms of this notice.
- Except for the reasons given in this notice, Medicaid may not use or share any information about you unless you agree in writing. You may take away your permission at any time, in writing, except for the information that Medicaid disclosed before you stopped your permission. If you cannot give your permission due to an emergency, Medicaid may release the information if it is in your best interest. Medicaid must notify you as soon as possible after releasing the information.

In the future, Medicaid may change its privacy practices and may apply those changes to all health information we have. Should Medicaid's privacy practices change, Medicaid will mail a new notice to you within 60 days. Medicaid will also post the new notice on its web site, **www.medicaid.state.al.us**

Notice of privacy practices: (continued)

To Find Out More

If you have questions or would like to know more, you may call

- Toll-free at 1-800-362-1504.
- Telecommunication for the Deaf at 1-800-253-0799.

To Report a Problem

If you believe your privacy rights have been violated, you may:

- File a complaint with Medicaid by calling toll-free at 1-800-362-1504 or call Telecommunication for the Deaf at 1-800-253-0799 or by writing to the Office of General Counsel, Alabama Medicaid Agency, P.O. Box 5624, Montgomery, AL 36103-5624.
- File a complaint with the Secretary of Health and Human Services by writing to: Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW. Atlanta GA 30303-8909. You may also call or fax a complaint. Call: 1-404-562-7886 or FAX: 1-404-562-7881 or Telecommunications for the Deaf: 1-404-331-2867.

We will not get back at you for filing a complaint or grievance.

Por favor, llame por teléfono 1-800-362-1504 para esta información en español.

Alabama Medicaid Agency
501 Dexter Avenue
P. O. Box 5624
Montgomery, AL 36103-5624
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**Look inside!
It's your guide
to Medicaid!**